

# Training Documentation Form

Use with

**WAC 296-800-140 Accident Prevention Program (recommended)**

**WAC 296-800-150 First Aid (recommended)**

**WAC 296-800-160 Personal Protective Equipment (PPE) (required)**

**WAC 296-800-170 Chemical Hazard Communication (recommended)**

**WAC 296-800-300 Portable Fire Extinguishers (recommended)**

This sample form can help you verify in writing that each employee who needs training has received and understood it. You can copy this sample form or create your own.

**( ) Accident Prevention Program, safety orientation**

**( ) Personal Protective Equipment Type: \_\_\_\_\_**

**( ) Chemical Hazard Communication**

**( ) First Aid**

**( ) Portable Fire Extinguishers**

Date(s) of training: \_\_\_\_\_

List of employees who completed

this training: \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Trainer/Employer: \_\_\_\_\_**